

CLASSIFIED EMPLOYEE REDUCTION IN FORCE

It is the exclusive power of the board to determine when a reduction in classified employees is necessary. Employees who are terminated due to a reduction in force will be given thirty days notice. Due process will be followed for terminations due to a reduction in force.

It is the responsibility of the superintendent to make a recommendation for termination to the board. The superintendent will consider the relative qualifications, skills, ability and demonstrated performance through evaluation procedures in making the recommendations.

Legal Reference:

Iowa Code §§ 20.7, .24 (2013).

Cross Reference:

407.5 Licensed Employee Reduction in Force
413.3 Classified Employee Suspension
413.4 Classified Employee Dismissal

CLASSIFIED EMPLOYEE PROFESSIONAL PURPOSES LEAVE

Professional purposes leave may be granted to classified employees for the purpose of attending meetings and conferences directly related to their assignments. Application for the leave must be presented to the superintendent 10 days prior to the meeting or conference.

It is within the discretion of the superintendent to grant professional purposes leave. The leave may be denied on the day before or after a vacation or holiday, on special days when services are needed, when it would cause undue interruption of the education program and school district operations, or for other reasons deemed relevant by the superintendent.

Legal Reference: Iowa Code § 279.8
281 I.A.C. 12.7.

Cross Reference: 408.1 Classified Employee Professional Development

Approved 9/12/2011

Reviewed 1/9/2023

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CLASSIFIED EMPLOYEE VACATIONS – HOLIDAYS – PERSONAL LEAVE

The board will determine the amount of vacation, holidays and personal leave that will be allowed on an annual basis for classified employees.

Classified employees who work twelve months a year will be allowed six paid holidays if the holidays fall on a regular working day. The six holidays are New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving Day and Christmas Day. Classified employees, whether full-time or part-time, will have time off in concert with the school calendar.

Classified employees will be paid only for the hours they would have been scheduled for the day. Vacation will not be accrued from year to year without a prior written arrangement with the superintendent.

It is the responsibility of the superintendent to make a recommendation to the board annually on vacation and personal leave for classified employees.

Classified employees will receive two weeks after the first year plus one day per year after that up to four weeks.

NOTE: Option II includes more details than Option I. Boards should select the option that fits their practice.

Legal Reference: Iowa Code §§ 1C.1-2; 4.1(34); 20.9 (2003).

Cross Reference: 409.1 Licensed Employee Vacations – Holidays – Personal Leave
606.1 School Calendar

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as July through June. Requests for family and medical leave are made to the superintendent.

Employees may be allowed to substitute paid leave for unpaid family and medical leave by meeting the requirements set out in the family and medical leave administrative rules. Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It is the responsibility of the superintendent to develop administrative rules to implement this policy.

NOTE: This policy is consistent with federal law regarding family and medical leave. For guidance in drafting and implementing this policy, see IASB's Policy Primer Dec. 10, 1993.

Legal Reference: Whitney v Rural Ind. School District, 232 Iowa 61, 4 N.W. 2d 394 (1942).
 26 U.S.C. §§ 2601 *et seq.* (Supp. 1994)
 29 C.F.R. Pt. 825 (2002).
 Iowa Code §§ 20; 85.33, .34, .38(3); 279.40 (2003)
 1980 Op. Att'y Gen. 605.
 1972 Op. Att'y Gen. 177, 353.
 1952 Op. Att'y Gen. 91.

Cross Reference: 409.3 Licensed Employee Family and Medical Leave
 414.2 Classified Employee Personal Illness Leave
 414.9 Classified Employee Unpaid Leave

Approved 01/12/04

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CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES

YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they

have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

REASONS FOR TAKING LEAVE:

Unpaid leave must be granted for *any* of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of *paid* leave may be substituted for unpaid leave.

ADVANCE NOTICE AND MEDICAL CERTIFICATION:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and fitness for duty report to return to work.

JOB BENEFITS AND PROTECTION:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."
- Upon return from FMLA leave, most employees must be restored to their original

or equivalent positions with equivalent pay, benefits, and other employment terms.

- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

UNLAWFUL ACTS BY EMPLOYERS:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violation.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law collective bargaining agreement which provides greater family or medical leave rights.

FOR ADDITIONAL INFORMATION:

Contact the nearest office of Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

Date: _____

I, _____, request family and medical leave for the following reason: (check all that apply)

- ☐ for the birth of my child
- ☐ for the placement of a child for adoption or foster care
- ☐ to care for my child who has a serious health condition;
- ☐ to care for my parent who has a serious health condition;
- ☐ to care for my spouse who has a serious health condition; or
- ☐ because I am seriously ill and unable to perform the essential functions of my position.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member in order to be eligible for family and medical leave within 15 days of the request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the school district.

I request that my family and medical leave begin on _____ and I request leave as follows: (check one)

☐ continuous
I anticipate that I will be able to return to work on _____.

☐ intermittent leave for the:

- ☐ birth of my child or adoption or foster care placement subject to agreement by the district
- ☐ serious health condition of myself, parent, or child when medically necessary

Details of the needed intermittent leave:

I anticipate returning to work at my regular schedule on _____.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

_____ reduced work schedule for the:

_____ birth of my child or adoption or foster care placement subject to agreement by the district

_____ serious health condition of myself, parent, or child when medically necessary

Details of the needed intermittent leave:

I anticipate returning to work at my regular schedule on _____.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave. I also realize that with foreseeable intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize the school district operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions will be deducted from monies owed me during the leave period. If no monies are owed me, I will reimburse the school district by personal check (cash) for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the school district for any payment of my contributions with deductions from future monies owed to me or the school district may seek reimbursement of payments on my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

Signed: _____

Date: _____

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

1. Employee's Name: _____
2. Patient's Name (if different from employee): _____
3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition, for which the employee is taking FMLA leave, qualify under any of the categories described? If so, please check the applicable category.

(1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____
or ____ None of the above
4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:
5.
 - a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity, i.e. inability to work, attend school or perform other regular activities due to the serious health condition, treatment therefor, or recovery therefrom, if different):
 - b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)?

If yes, give the probable duration:
 - c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity;
6.
 - a. If additional treatments will be required for this condition, provide an estimate of the probable number of such treatments:

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery, if any:
 - b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:
 - c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g. prescription drugs, physical therapy requiring special equipment):

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

7. a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)?

If yes, please list the essential functions the employee is unable to perform.

- c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment?

8. a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?

b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?

c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

(Signature of Health Care Provider)

(Type of Practice)

(Address)

(Telephone Number)

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

To be completed by the employee needing family leave to care for a family member.

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

(Employee Signature)

(Date)

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

A serious health condition means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care – Inpatient care (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
2. Absence Plus Treatment – A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - a. treatment two or more times by a health care provider, by a nurse or physician's assistant under direction supervision of a health care provider or by a provider of health care services (e.g. physical therapist) under the orders of, or on referral by, a health care provider; or
 - b. treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
3. Pregnancy – Any period of incapacity due to pregnancy or for prenatal care.
4. Chronic conditions Requiring Treatments – A chronic condition which:
 - a. requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
 - b. continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - c. may cause episodic rather than a period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).
5. Permanent/Long-term Conditions Requiring Supervision – A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
6. Multiple Treatments (Non-chronic Conditions) – Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy), radiation, etc.), severe arthritis (physical therapy) and kidney disease (dialysis).

CLASSIFIED EMPLOYEE BEREAVEMENT LEAVE

In the event of a death of a member of a classified employee's immediate family, bereavement leave may be granted. Bereavement leave granted may be for a maximum of five days, with "day" being defined as one work day regardless of full-time or part-time status of the employee, per occurrence, for the death of a member of the immediate family. The immediate family includes child, suppose, parent, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, or grandparent of the employee.

A maximum of two days of bereavement leave per year will be granted for the death of a close friend or other relative not listed above.

It is within the discretion of the superintendent to determine the number of bereavement leave days to be granted.

NOTE: Benefits provided by this policy are all at the discretion of the board unless prescribed by the Master Contract. The individuals outlined in the first paragraph may not reflect a board's actual practice and should be amended to do so.

Legal Reference: Iowa Code § 20.9; 279.8 (2003).
281 I.A.C. 12.7.

Cross Reference: 414 Classified Employee Vacations and Leave of Absence

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CLASSIFIED EMPLOYEE POLITICAL LEAVE

The board will provide a leave of absence to classified employees to run for elective public office. The superintendent will grant a classified employee a leave of absence to campaign as a candidate for an elective public office as unpaid leave.

The classified employee will be entitled to one period of leave to run for the elective public office, and the leave may commence any time within thirty days of a contested primary, special, or general election and continue until the day following the election.

The request for leave must be in writing to the superintendent at least thirty days prior to the starting date of the request leave.

NOTE: Iowa law gives employees a right to political leave to run for public office. This policy reflects the law.

Legal Reference: Iowa Code Ch. 55 (2003).

Cross Reference: 401.15 Employee Political Activity
414 Classified Employee Vacations and Leaves of Absence

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CLASSIFIED EMPLOYEE JURY DUTY LEAVE

The board will allow classified employees to be excused for jury duty unless extraordinary circumstances exist. The superintendent has the discretion to determine when extraordinary circumstances exist.

Employees who are called for jury service will notify the direct supervisor within twenty-four hours after notice of call to jury duty and suitable proof of jury service pay must be presented to the school district. The employee will report to work within one hour on any day when the employee is excused from jury duty during regular working hours.

Classified employees will receive their regular salary. Any payment for jury duty is turned over to the school district.

NOTE: This policy reflects the practice that the employee sign over checks received for jury duty to the school district. School districts which let employees keep their checks but then deduct the amount from the employee's salary, should reflect that practice in the third paragraph.

Legal Reference: Iowa Code §§ 20.9; 607A (2003).

Cross Reference: 414 Classified Employee Vacations and Leaves of Absence

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CLASSIFIED EMPLOYEE MILITARY SERVICE LEAVE

The board recognizes classified employees may be called to participate in the armed forces, including the national guard. If a classified employee is called to serve in the armed forces, the employee will have a leave of absence for military service until the military service is completed.

The leave is without loss of status or efficiency rating, and without loss of pay during the first thirty calendar days of the leave.

NOTE: This policy reflects Iowa law.

Legal Reference: Bewley v. Villisca Community School District, 299 N.W.2d 904 (Iowa 1980).
Iowa Code §§ 20; 29A.28 (2003).

Cross Reference: 414 Classified Employee Vacations and Leaves of Absence

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CLASSIFIED EMPLOYEE UNPAID LEAVE

Unpaid leave may be used to excuse an involuntary absence not provided for in other leave policies. Unpaid leave for classified employees must be authorized by the superintendent. Whenever possible, classified employees will make a written request for unpaid leave ten days prior to the beginning date of the requested leave. If the leave is granted, the deductions in salary are made unless they are waived specifically by the superintendent.

The superintendent will have complete discretion to grant or deny the requested unpaid leave. In making this determination, the superintendent will consider the effect of the employee's absence on the education program and school district operations, the financial condition of the school district, length of service, previous record of absence, the reason for the requested absence and other factors the superintendent believes are relevant in making this determination.

If unpaid leave is granted, the duration of the leave period is coordinated with the scheduling of the education program whenever possible, to minimize the disruption of the education program and school district operations.

Legal Reference: Iowa Code §§ 20.9; 279.8 (2003).

Cross Reference: 414 Classified Employee Vacations and Leaves of Absence

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CLASSIFIED EMPLOYEE PROFESSIONAL PURPOSES LEAVE

Professional purposes leave may be granted to classified employees for the purposes of attending meetings and conferences directly related to their assignments. Application for the leave must be presented to the superintendent five days prior to the meeting or conference.

It is within the discretion of the superintendent to grant professional purposes leave. The leave may be denied on the day before or after a vacation or holiday, on special days when services are needed, when it would cause undue interruption of the education program and school district operations, or for other reasons deemed relevant by the superintendent.

Legal Reference: Iowa Code §§ 279.8 (2003).
281 I.A.C. 12.7

Cross Reference: 411 Classified Employees – General
408.1 Classified employee Professional Development

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